

ECS Configuration Change Request

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CCR No. 97-0051	Logged Date 1/15/97	Rev. -	Request Type CCR
Priority Routine <input type="checkbox"/> Urgent <input checked="" type="checkbox"/> Emergency <input type="checkbox"/>	Affected Release C	Change Class II	
Title (description) HARDWARE TO SUPPORT CIP PROTOTYPE DEVELOPMENT			
Documents Affected N/A		Source Nos (RID, NCR, Action Item, GSFC CCR, etc.) or Tech Reference N/A	
RTM Change <input type="checkbox"/> Start New Baseline <input type="checkbox"/>			
Problem CEOS ENGINEERING REQUIRES HARDWARE TO SUPPORT THE DEVELOPMENT OF THE CIP PROTOTYPE. THREE DEVELOPERS WILL SHARE THIS WORKSTATION. THE WORKSTATION NEEDS TO BE CONFIGURED TO SUPPORT THE PARTICULAR DEVELOPMENT CONFIGURATION FOR THE CEOS PROTOTYPE.			
Proposed Solution NEEDED: SUN SPARC 20/50 WITH 128 MB MEMORY, 6 GB HARD DISK SPACE , CD-ROM, AND RUNNING THE FOLLOWING SOFTWARE. SOFTWARE: SOLARIS 2.4 (OS), SYBASE 10.01, ILLUSTRATE 3.2, CLEARCASE 2.1, DCE CLIENT, GNU C++ COMPILER, RATIONAL APEX/C++, RATIONAL ROSE. ALLOW FOR NETWORK ACCESS TO ET3.			
Impact Analysis: Organizations Affected: Procurement <input type="checkbox"/> BOO <input type="checkbox"/> Contracts <input type="checkbox"/> ECS Chief Eng <input type="checkbox"/> FOS <input type="checkbox"/> M&O <input type="checkbox"/> Science Off <input type="checkbox"/> QO <input type="checkbox"/> Rel. Dev <input type="checkbox"/> Rel. A <input type="checkbox"/> Rel. C <input type="checkbox"/> SCDO Arch. <input type="checkbox"/> Security <input type="checkbox"/> Subcontract <input type="checkbox"/> Sys. Eng <input type="checkbox"/> Sys Verf Acpt <input type="checkbox"/>			
Cost: None <input type="checkbox"/> Small <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> (Not exceeding \$100,000) (\$100,000 to \$500,000) (Over \$500,000)			
Schedule: None <input type="checkbox"/> Other <input type="checkbox"/> Additional LOC _____ Man-Months _____ Materials _____			
Originator <u>GEORGE PERCIVALL</u> _____ Signature _____ Date _____			
Office <u>SMO</u> Office Manager _____ Signature _____ Date _____			
Disposition Approved <input type="checkbox"/> Approved w/Comment <input type="checkbox"/> Forward <input type="checkbox"/> Disapproved <input type="checkbox"/> Comments: CCB Chairperson _____ Signature _____ Date _____			